

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION:			
O.I.P.E. CLASSIFIER		~1	3/2/01
FORMALITY REVIEW	C.T.	936	03-29-01
RESPONSE FORMALITY REVIEW	R.M.	FSS	WF-12-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	10/7/00
2	3/27/01
3	3/27/01
4	3/27/01
5	3/27/01
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8	3/27/01
9	3/27/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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